DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES.

PRINTED: 05/09/2008 FORM APPROVED OMB NO. 0938-0391

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Desc.		A E CONCEDIONON		ELIDI EV	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED		
344004				·		04/25/2008		
	PROVIDER OR SUPPLIER			10	EET ADDRESS, CITY, STATE, ZIP CODE 03 12TH ST UTNER, NC 27509			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEPICIENCY)	OULD BE	COMPLETION DATE	
(A 404)	administered in acc State laws, the order practitioners respons specified under §48 standards of practic This STANDARD is Based on open medinaterview the nursing medication per the propen records review The findings include Medical record revisions year old female a diagnosis of polysult depression. Record physician's order on	s not met as evidenced by: fical record review and staff g staff failed to administer physician's orders in 1 of 5 ved (# 13). Example 13 revealed a admitted on 4-21-08 for a pstance abuse and I review revealed a written the "PREADMISSION"	(A 4	04}				
	FORM" on 4-21-08 anxiety) 2 mg(milligr 6 hours and 2 mg por prn (as needed) for than) 100, SBP (sys (greater than) 160, I > (greater than) 100 for excessive sedati (immediately)." Revrevealed documents	AND PHYSICIAN ORDER for "Atlvan(medication for rams) po (by mouth) q (every) o (by mouth) q (every 4 hours) HR (heart rate) > (greater tolic blood pressure) > DBP (diastolic blood pressure) or excessive tremors. Hold on ~ 1st dose stat riew of the preadmission form ation that the patient was 2 mg at 0300. Review of the						
ABORATORY	11 (3 11	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		TITLE		(X6) DATE	
Sta	when the tople	در			Director		5-27-08	

Any deficiency statement ending with afi asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 05/09/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A. BUILDING R B. MNG _ 344004 04/25/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST JOHN UMSTEAD HOSP BUTNER, NC 27509 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY (A 404) Continued From page 1 {A 404} form revealed the medications were confirmed by RN # 1 at 0857 on 4-21-08. Record review revealed the patient received Ativan 2 mg on 4-21-08 at 0916, 1554, 1921, and 2157. Record review revealed on 4-22-08 no documentation of 2 scheduled doses of Ativan being administered per physician's orders between 2400 and 0957. Record review revealed the patient had seizure activity at 0957 on 4-22-08 and was transferred to the Medical unit Interview with RN # 1 on 4-25-08 at 1315. revealed the nurse had confirmed the medication. transcription from pharmacy. The interview revealed the nurse interpreted the physician's order for Ativan to be given every 6 hours as needed and every 4 hours as needed within written parameters. The interview revealed the medication nurse generally confirms the orders. from pharmacy but it is a shared duty and she had completed this task on 4-21-08. The interview revealed the staff had understood the order as one order since it was written in one box on the form. The interview revealed the staff did not see the order as confusing or needing clarification. The interview revealed when the patient was transferred to the Medical unit the chart review revealed that the Ativan order was a standing order and a PRN (as needed) order. The interview revealed the staff had administered Alivan as a PRN order. Interview with the Assistant Director of Nursing on 4-25-08 at 1325 revealed she had reviewed the physician's written order for Ativan and she had

interpreted the order as an PRN order every 6 hours and every 4 hours within parameters.

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CENTE	NO FOR INCOIONNE	G MEDICAID SERVICES	**			OMP NO	7. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROMOBR/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIP A. BUILDING		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		344004	B, W	NG_		04/25/2008	
NAME OF	PROMDER OR SUPPLIER			STP	REET ADDRESS, CITY, STATE, ZIP CODE		23/2005
JOHN U	MSTEAD HOSP			11	003 12TH ST BUTNER, NC 27509	•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ix	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION PATE
(A 404)	Continued From pa	ge 2	{A 4	04}			
A 500	04/21/2008 revealer medication) 4 mg (nobserved) loose structure subsequent loose structure and the subsequent loose structure and the subsequent documental loose (first subsequent dose), the patient received loose (modium 4mg (not 2 orders). Record revide administered 4 mgs linterview with nursin 4-25-08 at 1430 connot administer the mphysician, 482,25(b) CONTRO DRUGS	ord (MAR) dated 04/21/2008 atton of administration of grams) at 0331 (initial dose), and 1558 (second Review of the record revealed two subsequent doses of mass per the physician few did not reveal any hy the patient was and not 2 mgs as ordered. If administrative staff on firmed the nursing staff did redications as ordered by the LAND DISTRIBUTION OF attent safety, drugs and controlled and distributed in plicable standards of practice,	A 5	50			
	This STANDARD is	not met as evidenced by:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIENCIA		(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFIC		IDENTIFICATION NUMBER.	A, BUILDING			- R			
344004		B. WAY			04/25/2008				
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP				STREET ADDRE 1003 12TH S' BUTNER, N		CODE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EAC	ROUDER'S PLAN OF TH CORRECTIVE ACT S-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	N SHOULD BE COMPLETION		
A 500	Based on medical reinterview the pharm written physician's of medical records review the findings included Medical record reviews as year old female adiagnosis of polysuld depression. Record physician's order on MEDICATION LIST FORM" on 4-21-08 anxiety) 2 mg(milliging 6 hours and 2 mg pure (as needed) for than) 100, SBP (systematical systems) (greater than) 160, is (greater than) 160, is (greater than) 100, for excessive sedati (immediately)." Review Medication Administic Completed by pharm "Dose: 2 MG (milliging Frequency: Q6h (event)	STEAD HOSP SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Based on medical record review and staff Interview the pharmacist falled to transcribe a written physician's order correctly in 1 of 5 open medical records reviewed (# 13). The findings include: Medical record review of Patient # 13 revealed a Bayear old female admitted on 4-21-08 for a diagnosis of polysubstance abuse and depression, Record review revealed a written physician's order on the "PREADMISSION MEDICATION LIST AND PHYSICIAN ORDER FORM" on 4-21-08 for "Ativan(medication for anxiety) 2 mg(milligrams) po (by mouth) q (every) Shours and 2 mg po (by mouth) q (every 4 hours) form (as needed) for HR (heart rate) > (greater than) 100, SBP (systolic blood pressure) (greater than) 160, DBP (diastolic blood pressure) (greater than) 100 or excessive tremors. Hold for excessive sedation ~ 1st dose stat immediately)." Review of the record revealed the Medication Administration Record (MAR) completed by pharmacy documenting Ativan (Dose: 2 MG (milligram) Route: PO (by mouth) Frequency: Q6h (every 6 hours) Admin Instr: EVERY SIX HOURS HR>100, SBP> 160, DBP>100 TREMORS, HOLD EXCESSIVE		500					

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CENTER	RS FOR MEDICARE	& MEDICAID SE	RVICES					CIVIL INC.	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED	
			B. WING				R		
		3440	15.				04/2	5/2008	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509					
	numary fr	TEMENT OF DEFICIEN	CIEC	ID.			LAN OF CORREC	אסת	(X(5)
(X4) 1D PREFIX TAG	## ### ###############################	MUST BE PRECEDED SCIDENTIFYING INFOR	BY FULL 1	PREFI TAG		(EACH CORRECTED SOSS-REFEREN	TIVE ACTION SHO CED TO THE APPR EFICIENCY)	ULD BE	(X5) COMPLETION DATE
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